| Summary of Quotations Department of Finance Town of Enfield |          |  |                      | Paul Co. Charles Lit. |  | Real Leaf Westerner |       | Cor Colegia to Para Col |                           | Regentification.CT |  | The feet through the |   | condition look          |           |
|---|----------|--|----------------------|-----------------------|--|---------------------|-------|-------------------------|---------------------------|--------------------|--|----------------------|---|-------------------------|-----------|
| Type of Commodity:  |          | Grant Writer Administrative Consultant |                      | Using Agent:          |  | Social Services     |       |                         |                           | Date of Opening:   |  | October 20, 2005     |   | <u>Time:</u> 11:00 a.m. |           |
| Item No.  | Quantity | Unit of Measure                        | Item:                | Unit Price            | Total  | Unit Price          | Total | Unit Price              | Total                     | Unit Price         | Total  | Unit Price           | Total   | Unit Price              | Total     |
|   |          |  | Hourly Rate:         |                       | 90.00*   |                     | 39.00 |                         | 37.00                     |                    | 50.00  |                      | 45.00   |                         | 85.00     |
|   |          |  | Weekly Availability: |                       | 1 1/2 days per<br>week                         |                     | -     |                         | 10 - 14 hours<br>per week |                    | As Needed  |                      | 7-14 hours per<br>week                        |                         | As Needed |
|   |          |  |                      |                       | -  |                     | -     |                         | -                         |                    | -  |                      | -   |                         | -         |
|   |          |  |                      |                       | *Hourly Rate<br>Plus Out-of-                   |                     | -     |                         | -                         |                    | Only 1 Copy<br>of Proposal                               |                      | See notation on Proposal                      |                         | -         |
|   |          |  |                      |                       | Pocket Costs Only 1 Copy of Proposal Submitted |                     | -     |                         | -                         |                    | Submitted<br>Did Not Fill<br>Out Town's<br>Proposal Form |                      | regarding inability to meet ins. requirements |                         | -         |
|   |          |  |                      |                       |  |                     | -     |                         | -                         |                    | In state travel<br>\$.40 per mile                        |                      | Mileage Rate:<br>\$.405 per mile              |                         | -         |
|   |          |  |                      |                       | -  |                     | -     |                         | -                         |                    | -  |                      | -   |                         | -         |
|   |          |  |                      |                       | -  |                     | -     |                         | -                         |                    | -  |                      | -   |                         | -         |
|   |          |  |                      |                       | -  |                     | -     |                         | -                         |                    | -  |                      | -   |                         | -         |
|   |          |  |                      |                       | -  |                     | -     |                         | -                         |                    | -  |                      | -   |                         | -         |
|   |          |  |                      |                       | -  |                     | -     |                         | =                         |                    | -  |                      | -   |                         | -         |
|   |          |  |                      |                       | -  |                     | -     |                         | -                         |                    | -  |                      | -   |                         | -         |
|   |          |  |                      |                       | -  |                     | -     |                         | -                         |                    | -  |                      | -   |                         | -         |
|   |          |  |                      |                       | -  |                     | -     |                         | -                         |                    | -  |                      | -   |                         | -         |
|   |          |  |                      |                       | -  |                     | -     |                         | -                         |                    | -  |                      | -   |                         | -         |
|   |          |  |                      |                       | -  |                     | -     |                         | -                         |                    | -  |                      | -   |                         | -         |
|   |          |  |                      |                       | -  |                     | -     |                         | -                         |                    | -  |                      | -   |                         | -         |
|   |          |  |                      |                       | -  |                     | -     |                         | -                         |                    | -  |                      | -   |                         | -         |
|   |          |  |                      |                       | -  |                     | -     |                         | -                         |                    | -  |                      | -   |                         | -         |
|   |          |  |                      |                       | -  |                     | -     |                         | -                         |                    | -  |                      | -   |                         | -         |